

NOTES FROM THE MEDICAL PRESS



IN CHARGE OF
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SCOPOLAMINE IN LABOR.—The *New York Medical Journal*, quoting from the *British Medical Journal*, says: Krönig believes that scopolamine, given in conjunction with morphine, surpasses all other anæsthetics in labor, producing the so-called “dawning sleep.” A three hundred per cent. solution of scopolamine hydrobromide and a one per cent. solution of morphine are used. The first injection consists of 4.5 decimilligrammes of scopolamine and 1 centigramme of morphine. It is given when the patients have pains lasting at least thirty seconds, and which recur at regular intervals of four or five minutes. The first effects are generally manifest about half or three-quarters of an hour later. The patients become sleepy and slumber between pains, but awake when the pains return. A second injection of from 1.5 to 3 decimilligrammes of scopolamine alone is given an hour after the first. Half an hour later the perceptive capacity of the patient is tested by asking her if she recognizes an object previously shown her half an hour before, or if she remembers how many injections she has had. If she fails to meet these tests, no further injection is needed. As a rule, all injections following the first contain scopolamine only. Patients may thus be kept semi-unconscious for twenty-four hours. After a successful “dawning sleep” women awake post-partum perfectly happy, and declare they have felt nothing. It frequently happens that they will not believe they have been delivered. Everything depends on the correct dosing of scopolamine, and the only available standard as to the correctness of the dose is the test of the patient’s consciousness. Loud noises, strong lights, etc., are a considerable drawback in achieving good results. The author’s conclusions are based on his experience in 1700 cases. The length of labor is only immaterially increased, and the method is certainly without danger to the mother, and probably without danger to the child. Of the 1700 women only two died soon after confinement, and neither of the deaths could be in any way attributed to the scopolamine. It can be used even in cases of organic heart disease.

DIAGNOSIS OF APPENDICITIS.—The *Interstate Medical Journal* says: W. Janowski and St. Lapinski examined 800 men with apparently healthy appendices, palpating the appendix, the cæcum and the points of McBurney and Lenzmann (6 cm. to the left of the anterior superior spine). Necessary for a successful examination is a thorough relaxation of the abdominal muscles and contraction of the musculus ileopsoas, which was accomplished by elevating the right lower extremity one-half of a metre. In 52 per cent. of the cases the appendix could be felt over the musculus ileopsoas. In more than 60 per cent. of the cases pain was produced by pressing the appendix, radiating in different directions,—to the stomach, navel, liver, or to the left. McBurney's point was often found painful, also when pressure on the appendix was not painful and when the appendix could not be felt, and also from here irradiation of the pain was observed. Lenzmann's point was painful in several cases, and where the appendix itself and McBurney's point showed no pain on pressure. Swelling of the appendix, pain on pressure of the appendix, McBurney's or Lenzmann's points are, therefore, not evidence of chronic appendicitis and the diagnosis has to be based on other symptoms.

HYSTERICAL SKIN DISEASES.—The *New York State Journal of Medicine*, quoting from the *Practitioner*, says: Hysterical skin diseases form a most puzzling class of cases, says Hall, in discussing difficulties of diagnosis. When they present some strikingly great exaggeration diagnosis may be easily made in some cases, but very frequently such is not the case. Careful observation, however, nearly always reveals the one marked quality—*their excess*. General rules for their diagnosis are:

1. They do not fit in with ordinary skin disease.
2. The outline of an individual patch frequently shows some angular contour, such as is never seen in spontaneous disease.
3. They are almost always in some actually or easily exposed part, visible either to passers-by, or to the domestic circle.
4. They are always in a position which can be got at easily by the hand, usually the right hand.
5. They are characterized by their rapid power of completely healing when protected, and their extremely sudden appearance either on the same or on other sites.

THE BANANA.—Labbe, in the *Presse Médicale*, after a thorough analysis of this fruit, comes to the conclusion that its hygienic and nourishing qualities are such as to merit its use as a regular article

of diet for patients. In comparison with various legumes and fruits he says it is one of those which offer a large degree of energy for a low price.

TO DISGUISE BITTER MEDICINE.—The *New York State Journal of Medicine* says: In order to administer bitter medicines we usually resort to covering them in pills, capsules, or wafers, but sometimes the liquid form is most desirable. Instead of exercising ingenuity in the direction of covering up the medicine, or disguising its taste with other materials, we may go to the physiological taste appreciation of bitterness and modify that. There are certain substances which have the power of paralyzing the terminals of the nerves of taste. Among these is gymnemic acid ($C_{32}H_{55}O_{12}$), a glucoside which is found in *gymnema silvestris* of the British Pharmacopœia. It is also known as *mera-singi* and *kavali*.

This glucoside is similar to glycyrrhizic acid. Gymnemic acid has the curious property of temporarily destroying the sense of taste for sweetness and bitterness, although the taste for salty and astringent substances is not changed. It occurs in the form of a whitish powder which is soluble in water but poorly soluble in diluted alcohol. It is not poisonous, and so far as is known has no harmful action. After rinsing the mouth with a ten or fifteen per cent. solution of gymnemic acid in water, to which a little alcohol has been added, quinine or other bitter medicine cannot be distinguished from sugar.

THE GOSPEL OF TOP MILK.—In the *Journal of the American Medical Association*, Dr. A. Jacobi states that artificial food is not equivalent to woman's milk. Cow's milk cannot be changed into woman's milk. The efficiency of alleged improvements in artificial feeding is liable to be over-estimated and not always received with sound criticism. The advice to add cow's milk fat to cow's milk in order to make it more nutritious or to make its casein more digestible, is dangerous. Between the fats of the woman's and of the cow's milk there are essential physical and chemical differences. The danger of overfeeding with fat can be obviated by reducing its proportion in milk mixtures to two or two and one-half per cent. Cereal decoctions improve the nutrient value and the digestibility of a milk mixture. If ever the baby, while feeding well, does not increase in weight, the intelligent practitioner may be obliged to add carefully and slowly to the caloric value or general nutritiousness of the food mixture by increasing either the cereal decoction or the fat percentage. Feeding cannot be regulated by mathematics so well as by brains and by the wants of the individual baby. The top milk gospel is a heresy.